WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007   **Structure:** One row per participant   **Population:** OS participants

Participant ID

Variable # 1	**Usage Notes:** none
Sas Name: ID	
Sas Label: Participant ID	**Categories:** Study: Administration
Type: Continuous	

F30 Days since randomization/enrollment

Variable # 2	**Usage Notes:** none
Sas Name: F30DAYS	
Sas Label: F30 Days since randomization/enrollment	**Categories:** Study: Administration
Type: Continuous	

F30 Hospitalized in last two years

Have you been hospitalized overnight at any time during the past two years?

Variable # 3	**Usage Notes:** Not collected on all versions of Form 30.
Sas Name: HOSP2Y	
Sas Label: Hospitalized overnight last two years	**Categories:** Medical History
Type: Categorical	

Values

0	No
1	Yes

F30 Glaucoma

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Glaucoma

Variable # 4	**Usage Notes:** Not collected on all versions of Form 30.
Sas Name: GLAUCOMA	
Sas Label: Glaucoma ever	**Categories:** Medical History: Other Disease/Condition
Type: Categorical	

Values

0	No
1	Yes

F30 Cataracts

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Cataract(s)

Variable # 5	**Usage Notes:** Not collected on all versions of Form 30.
Sas Name: CATARACT	
Sas Label: Cataract ever	**Categories:** Medical History: Other Disease/Condition
Type: Categorical	

Values

0	No
1	Yes

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 High cholesterol

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) High cholesterol requiring pills

Variable # 6	**Usage Notes:** Not collected on all versions of Form 30.
Sas Name: HICHOLRP	
Sas Label: High cholesterol requiring pills ever	**Categories:** Medical History: Cardiovascular
Type: Categorical	

Values

0	No
1	Yes

F30 Asthma

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Asthma

Variable # 7	**Usage Notes:** none
Sas Name: ASTHMA	
Sas Label: Asthma ever	**Categories:** Medical History: Other Disease/Condition
Type: Categorical	

Values

0	No
1	Yes

F30 Emphysema/chronic bronchitis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Emphysema or chronic bronchitis

Variable # 8	**Usage Notes:** Not collected on all versions of Form 30.
Sas Name: EMPHYSEM	
Sas Label: Emphysema ever	**Categories:** Medical History: Other Disease/Condition
Type: Categorical	

Values

0	No
1	Yes

F30 Kidney stones

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Kidney or bladder stones (renal or urinary calculi)

Variable # 9	**Usage Notes:** Not collected on all versions of Form 30.
Sas Name: KIDNEYST	
Sas Label: Kidney or bladder stones ever	**Categories:** Medical History: Other Disease/Condition
Type: Categorical	

Values

0	No
1	Yes

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 High blood calcium

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) High blood calcium

Variable # 10

Sas Name: HIBLDCA

Sas Label: High blood calcium

Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Stomach or duodenal ulcer

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Stomach or duodenal ulcer

Variable # 11

Sas Name: STOMULCR

Sas Label: Stomach of duodenal ulcer ever

Type: Categorical

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Diverticulitis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Diverticulitis

Variable # 12

Sas Name: DIVERTIC

Sas Label: Diverticulitis ever

Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Ulcerative colitis or Crohns

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Ulcerative colitis or Crohn's disease

Variable # 13

Sas Name: COLITIS

Sas Label: Ulcerative colitis ever

Type: Categorical

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 Systemic erythematosus

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Systemic erythematosus ("lupus" or SLE)

Variable # 14

Sas Name: LUPUS

Sas Label: Lupus ever

Type: Categorical

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Pancreatitis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Pancreatitis (inflamed pancreas)

Variable # 15

Sas Name: PANCREAT

Sas Label: Pancreatitis ever

Type: Categorical

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Osteoporosis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Osteoporosis (weak, thin, or brittle bones)

Variable # 16

Sas Name: OSTEOPOR

Sas Label: Osteoporosis ever

Type: Categorical

Usage Notes: none

Categories: Medical History: Bone/Fractures

Values

0	No
1	Yes

F30 Hip replacement

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Hip
replacement

Variable # 17

Sas Name: HIPREP

Sas Label: Hip replacement ever

Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures
Medical History: Other Disease/Condition

Values

0	No
1	Yes

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007   **Structure:** One row per participant   **Population:** OS participants

F30 Other joint replacement

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Other joint replacement

Variable # 18

Sas Name: OTHJREP

Sas Label: Other joint replacement ever

Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Part of intestines removed

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Part
of intestines taken out

Variable # 19

Sas Name: INTESTRM

Sas Label: Part of intestines removed ever

Type: Categorical

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Migraine headaches

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Migraine headaches

Variable # 20

Sas Name: MIGRAINE

Sas Label: Migraine headaches ever

Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Alzheimers disease

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Alzheimer's disease

Variable # 21

Sas Name: ALZHEIM

Sas Label: Alzheimer's disease ever

Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 Multiple sclerosis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Multiple sclerosis

Variable # 22	**Usage Notes:** Not collected on all versions of Form 30.
Sas Name: MS	
Sas Label: MS ever	**Categories:** Medical History: Other Disease/Condition
Type: Categorical	

Values

0	No
1	Yes

F30 Parkinsons disease

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Parkinson's disease

Variable # 23	**Usage Notes:** Not collected on all versions of Form 30.
Sas Name: PARKINS	
Sas Label: Parkinson's disease ever	**Categories:** Medical History: Other Disease/Condition
Type: Categorical	

Values

0	No
1	Yes

F30 Amyotropic lateral sclerosis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Amyotropic Lateral Sclerosis (ALS, motor neuron disease, or Lou Gehrig's disease)

Variable # 24	**Usage Notes:** Not collected on all versions of Form 30.
Sas Name: ALS	
Sas Label: ALS ever	**Categories:** Medical History: Other Disease/Condition
Type: Categorical	

Values

0	No
1	Yes

F30 None of the above conditions

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
None of the above

Variable # 25	**Usage Notes:** Not collected on all versions of Form 30.
Sas Name: NACOND	
Sas Label: None of listed medical conditions ever	**Categories:** Medical History: Other Disease/Condition
Type: Categorical	

Values

0	No
1	Yes

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 Heart or circulation problems

Has a doctor ever told you that you had heart problems, problems with your blood circulation, or blood clots?

Variable #	26	**Usage Notes:**	Not collected on all versions of Form 30.
Sas Name:	CVD		
Sas Label:	Cardiovascular disease ever	**Categories:**	Medical History: Cardiovascular
Type:	Categorical		

Values

0	No
1	Yes

F30 Cardiac arrest

Please mark the conditions or procedures below that a doctor said you had. Cardiac arrest (where your heart stopped and needed to be restarted)

Variable #	27	**Usage Notes:**	Sub-question of F30 V3 Q3 "Heart or circulation problems".
Sas Name:	CARDREST		
Sas Label:	Cardiac arrest ever	**Categories:**	Medical History: Cardiovascular
Type:	Categorical		

Values

0	No
1	Yes

F30 Heart failure

Please mark the conditions or procedures below that a doctor said you had. Heart failure or congestive heart failure

Variable #	28	**Usage Notes:**	Sub-question of F30 V3 Q3 "Heart or circulation problems". Not collected on all versions of Form 30.
Sas Name:	CHF_F30		
Sas Label:	Congestive heart failure ever	**Categories:**	Medical History: Cardiovascular
Type:	Categorical		

Values

0	No
1	Yes

F30 Cardiac catheterization

Please mark the conditions or procedures below that a doctor said you had. Cardiac catheterization (heart catheterization or coronary angiogram)

Variable #	29	**Usage Notes:**	Sub-question of F30 V3 Q3 "Heart or circulation problems".
Sas Name:	CARDCATH		
Sas Label:	Cardiac catheterization ever	**Categories:**	Medical History: Cardiovascular
Type:	Categorical		

Values

0	No
1	Yes

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 Heart bypass

Please mark the conditions or procedures below that a doctor said you had. Heart bypass operation or coronary bypass surgery for blocked or clogged arteries in you heart

Variable # 30

Sas Name: CABG

Sas Label: Coronary bypass surgery ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Angioplasty-coronary artery

Please mark the conditions or procedures below that a doctor said you had. Angioplasty of the coronary arteries (opening the arteries of the heart with a balloon or other device, sometimes called a PTCA)

Variable # 31

Sas Name: PTCA

Sas Label: Angioplasty of coronary arteries ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Carotid endarterectomy

Please mark the conditions or procedures below that a doctor said you had. Carotid endarterectomy or carotid angioplasty (operation for blockage or narrowing of the arteries in your neck)

Variable # 32

Sas Name: CAROTID

Sas Label: Carotid endarterectomy/angioplasty ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Atrial fibrillation

Please mark the conditions or procedures below that a doctor said you had. Atrial fibrillation (a type of irregular heart beat)

Variable # 33

Sas Name: ATRIALFB

Sas Label: Atrial fibrillation ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 Aortic aneurysm

Please mark the conditions or procedures below that a doctor said you had. Aortic aneurysm

Variable # 34

Sas Name: AORTICAN

Sas Label: Aortic aneurysm ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 None of above heart problems

Please mark the conditions or procedures below that a doctor said you had. None of the above

Variable # 35

Sas Name: NACVD

Sas Label: None of the listed CVD conditions ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".
Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Arthritis ever

Did your doctor ever say that you had arthritis?

Variable # 36

Sas Name: ARTHRIT

Sas Label: Arthritis ever

Type: Categorical

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Type of Arthritis

What type of arthritis do you have?

Variable # 37

Sas Name: RHEUMAT

Sas Label: Rheumatoid arthritis ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q4 "Arthritis ever".
Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

1	Rheumatoid Arthritis
8	Other/Don't Know

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 Gallbladder disease/gallstones

Did a doctor ever say that you had gallbladder disease or gallstones?

Variable # 38	**Usage Notes:** none
Sas Name: GALLBS	
Sas Label: Gallbladder disease or gallstones ever	**Categories:** Medical History: Other Disease/Condition
Type: Categorical	

Values

0	No
1	Yes

F30 Gallbladder disease now

Do you now have gallbladder disease or gallstones?

Variable # 39	**Usage Notes:** Sub-question of F30 V3 Q5 "Gallbladder disease/gallstones".
Sas Name: GALLBSNW	
Sas Label: Gallbladder disease or gallstones now	**Categories:** Medical History: Other Disease/Condition
Type: Categorical	

Values

0	No
1	Yes

F30 Gallstones removed

Did you ever have a procedure to remove gallstones?

Variable # 40	**Usage Notes:** Sub-question of F30 V3 Q5 "Gallbladder disease/gallstones".
Sas Name: GALLSTRM	
Sas Label: Gallstones removed	**Categories:** Medical History: Other Disease/Condition
Type: Categorical	

Values

0	No
1	Yes

F30 Gallbladder removed

Did you have your gallbladder removed?

Variable # 41	**Usage Notes:** Sub-question of F30 V3 Q5 "Gallbladder disease/gallstones".
Sas Name: GALLBLRM	
Sas Label: Gallbladder removed	**Categories:** Medical History: Other Disease/Condition
Type: Categorical	

Values

0	No
1	Yes

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 Thyroid gland problem ever

Did a doctor ever say that you had a thyroid gland problem (not including thyroid cancer)?

Variable # 42	**Usage Notes:** none	
Sas Name: THYROID		
Sas Label: Thyroid gland problem ever	**Categories:** Medical History: Thyroid	
Type: Categorical		

Values

0	No
1	Yes

F30 Goiter ever

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Goiter (large thyroid gland)

Variable # 43	**Usage Notes:** Sub-question of F30 V3 Q6 "Thyroid gland problem ever". Not collected on all versions of Form 30.
Sas Name: GOITER	
Sas Label: Goiter ever	**Categories:** Medical History: Thyroid
Type: Categorical	

Values

0	No
1	Yes
9	Don't know

F30 Goiter now

If yes do you now have this problem? Goiter (large thyroid gland)

Variable # 44	**Usage Notes:** Sub-question of F30 V3 Q6 "Thyroid gland problem ever". Sub-question of F30 V3 Q6.1.1 "Goiter ever". Not collected on all versions of Form 30.
Sas Name: GOITERNW	
Sas Label: Goiter now	**Categories:** Medical History: Thyroid
Type: Categorical	

Values

0	No
1	Yes

F30 Nodule ever

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Nodule (lumps in the thyroid gland)

Variable # 45	**Usage Notes:** Sub-question of F30 V3 Q6 "Thyroid gland problem ever". Not collected on all versions of Form 30.
Sas Name: NODULE	
Sas Label: Thyroid nodule ever	**Categories:** Medical History: Thyroid
Type: Categorical	

Values

0	No
1	Yes
9	Don't know

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 Nodule now

If yes do you now have this problem? Nodule (lumps in the thyroid gland)

Variable # 46

Sas Name: NODULENW

Sas Label: Thyroid nodule now

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Sub-question of F30 V3 Q6.1.2 "Nodule ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values

0	No
1	Yes

F30 Overactive thyroid ever

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Overactive thyroid

Variable # 47

Sas Name: OVRTHY

Sas Label: Overactive thyroid ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values

0	No
1	Yes
9	Don't know

F30 Overactive thyroid now

If yes do you now have this problem? Overactive thyroid

Variable # 48

Sas Name: OVRTHYNW

Sas Label: Overactive thyroid now

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Sub-question of F30 V3 Q6.1.3 "Overactive thyroid ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values

0	No
1	Yes

F30 Underactive thyroid ever

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Underactive thyroid

Variable # 49

Sas Name: UNDTHY

Sas Label: Underactive thyroid ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values

0	No
1	Yes
9	Don't know

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 Underactive thyroid now

If yes do you now have this problem? Underactive thyroid

Variable # 50

Sas Name: UNDTHYNW

Sas Label: Underactive thyroid now

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever". Sub-question of F30 V3 Q6.1.4 "Underactive thyroid ever". Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values

0	No
1	Yes

F30 Hypertension

Did a doctor ever say that you had hypertension or high blood pressure? (Do not include high blood pressure that you had only when you were pregnant.)

Variable # 51

Sas Name: HYPT

Sas Label: Hypertension ever

Type: Categorical

Usage Notes: none

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Age when told hypertension

How old were you when you were told you had high blood pressure? (Give your best guess.)

Variable # 52

Sas Name: HYPTAGE

Sas Label: Age told of hypertension

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q7 "Hypertension".

Categories: Medical History: Cardiovascular

Values

1	Less than 20
2	20-29
3	30-39
4	40-49
5	50-59
6	60-69
7	70 or older

F30 Ever pills for high blood pressure

Did you ever take pills for high blood pressure?

Variable # 53

Sas Name: HYPTPILL

Sas Label: Pills for hypertension ever

Type: Categorical

Usage Notes: none

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007   **Structure:** One row per participant   **Population:** OS participants

F30 Taking pills now for high BP

Do you now take pills for high blood pressure?

Variable # 54	**Usage Notes:** Sub-question of F30 V3 Q7 "Hypertension".
Sas Name: HYPTPILN	Not collected on all versions of Form 30.
Sas Label: Pills for hypertension now	**Categories:** Medical History: Cardiovascular
Type: Categorical	

Values

0	No
1	Yes

F30 Angina

Did a doctor ever say that you had angina (chest pains from a heart problem)?

Variable # 55	**Usage Notes:** none
Sas Name: ANGINA	
Sas Label: Angina ever	**Categories:** Medical History: Cardiovascular
Type: Categorical	

Values

0	No
1	Yes

F30 Taking pills for angina now

Do you now take pills for angina?

Variable # 56	**Usage Notes:** Sub-question of F30 V3 Q8 "Angina".
Sas Name: ANGNPILN	
Sas Label: Pills for angina now	**Categories:** Medical History: Cardiovascular
Type: Categorical	

Values

0	No
1	Yes

F30 Peripheral arterial disease

Did a doctor ever say that you had claudication or peripheral arterial disease (poor blood flow to the legs or blocked or narrowed arteries to the legs)?
Do not include varicose veins or phlebitis.

Variable # 57	**Usage Notes:** none
Sas Name: PAD	
Sas Label: Peripheral arterial disease ever	**Categories:** Medical History: Cardiovascular
Type: Categorical	

Values

0	No
1	Yes

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007   **Structure:** One row per participant   **Population:** OS participants

F30 Angiography ever

For the above condition, have you ever had: Angiography (dye in the arteries of the legs)?

Variable # 58

Sas Name: PADANGGR

Sas Label: Angiography for PAD ever

Type: Categorical

Values

0	No
1	Yes

Usage Notes: Sub-question of F30 V3 Q9 "Peripheral arterial disease". Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

F30 Angioplasty-peripheral artery

For the above condition, have you ever had: Angioplasty (balloon catheter to open blockage)?

Variable # 59

Sas Name: PADANGP

Sas Label: Angioplasty for PAD ever

Type: Categorical

Values

0	No
1	Yes

Usage Notes: Sub-question of F30 V3 Q9 "Peripheral arterial disease". Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

F30 Surgery to improve flow ever

For the above condition, have you ever had: Surgery to improve blood flow in your legs (do not include surgery for varicose veins)?

Variable # 60

Sas Name: PADSURG

Sas Label: Surgery to improve flow to legs for PAD

Type: Categorical

Values

0	No
1	Yes

Usage Notes: Sub-question of F30 V3 Q9 "Peripheral arterial disease". Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

F30 Colonoscopy or sigmoidoscopy

Have you ever had a colonoscopy or sigmoidoscopy or flex sig (where a doctor inserts a tube in the rectum to check for bowel problems)?

Variable # 61

Sas Name: COLNSCPY

Sas Label: Colonoscopy ever

Type: Categorical

Values

0	No
1	Yes

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 When was last colonoscopy test

When was the last test?

Variable # 62

Sas Name: COLNSCDT

Sas Label: Date of last colonoscopy

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q10 "Colonscopy or sigmoidoscopy". Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values

1	Less than 5 years ago
2	5 or more years ago

F30 Ever had polyps removed

Did you ever have any polyps of the colon, intestine, bowel, or rectum removed?

Variable # 63

Sas Name: PCOLONRM

Sas Label: Polyps of colon removed

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q10 "Colonscopy or sigmoidoscopy". Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values

0	No
1	Yes

F30 Rectal stool exam ever

Have you ever given a sample of your stool (BM, bowel movement, or feces) to be checked or had a rectal stool exam by a doctor or nurse? This is sometimes called a stool guaiac or hemoccult test.

Variable # 64

Sas Name: HEMOCCUL

Sas Label: Hemoccult test ever

Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values

0	No
1	Yes

F30 When was last stool test

When was the last test?

Variable # 65

Sas Name: HEMOCCDT

Sas Label: Date of last hemoccult test

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q11 "Rectal stool exam ever". Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values

1	Less than 5 years ago
2	5 or more years ago

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 Cancer ever (excluding non-melan. skin cancer)

Did a doctor ever say that you had cancer, a malignant growth, or tumor? (This does not include "fibroids" of the uterus.)

Variable # 66	**Usage Notes:** none
Sas Name: CANC_F30	
Sas Label: Cancer ever	**Categories:** Medical History: Cancer
Type: Categorical	

Values

0	No
1	Yes

F30 Cancer - breast

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Breast

Variable # 67	**Usage Notes:** Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).
Sas Name: BRCA_F30	
Sas Label: Breast cancer ever	**Categories:** Medical History: Breast
Type: Categorical	Medical History: Cancer

Values

0	No
1	Yes

F30 Age cancer - breast

How old were you when a doctor first told you that you had this cancer. Breast

Variable # 68	**Usage Notes:** Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).
Sas Name: BRCA55	Sub-question of F30 V3 Q12.1.1 "Cancer - breast".
Sas Label: Breast cancer 55 or older	Not collected on all versions of form 30.
Type: Categorical	**Categories:** Medical History: Breast
	Medical History: Cancer

Values

1	Less than 55
2	55 or older

F30 Cancer - colon, rectum

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Colon, rectum, bowel or intestine

Variable # 69	**Usage Notes:** Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).
Sas Name: COLN_F30	
Sas Label: Colorectal cancer ever	**Categories:** Medical History: Cancer
Type: Categorical	Medical History: Colorectal

Values

0	No
1	Yes

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 Age cancer - colon, rectum

How old were you when a doctor first told you that you had this cancer? Colon, rectum, bowel, or intestine

Variable # 70

Sas Name: COLOCA55

Sas Label: Colorectal cancer 55 or older

Type: Categorical

Values

1	Less than 55
2	55 or older

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q12.1.4 "Cancer - colon, rectum".
Not collected on all versions of Form 30.

Categories: Medical History: Cancer
Medical History: Colorectal

F30 Cancer - thyroid

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Thyroid

Variable # 71

Sas Name: THYRCA

Sas Label: Thyroid cancer ever

Type: Categorical

Values

0	No
1	Yes

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer
Medical History: Thyroid

F30 Age cancer - thyroid

How old were you when a doctor first told you that you had this cancer? Thyroid

Variable # 72

Sas Name: THYRCA55

Sas Label: Thyroid cancer 55 or older

Type: Categorical

Values

1	Less than 55
2	55 or older

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q12.1.5 "Cancer - thyroid".
Not collected on all versions of Form 30.

Categories: Medical History: Cancer
Medical History: Thyroid

F30 Cancer - cervix

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Cervix (opening to the uterus or womb)

Variable # 73

Sas Name: CERVCA

Sas Label: Cervix cancer ever

Type: Categorical

Values

0	No
1	Yes

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer
Medical History: Reproductive

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 Cancer - skin (not melanoma)

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Skin cancer (not melanoma)

Variable # 74

Sas Name: SKINCA

Sas Label: Skin cancer (not melanoma) ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer

Values

0	No
1	Yes

F30 Cancer - melanoma

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Melanoma

Variable # 75

Sas Name: MELN_F30

Sas Label: Melanoma cancer ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer

Values

0	No
1	Yes

F30 Cancer - bladder

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Bladder

Variable # 76

Sas Name: BLADCA

Sas Label: Bladder cancer ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer

Values

0	No
1	Yes

F30 Other cancers ever

Had other cancer ever (e.g. ovarian, endometrial, brain, liver, lung, bone, stomach, blood, lymphoma, Hodgkins, or other).

Variable # 77

Sas Name: OTHERCA

Sas Label: Other cancers ever

Type: Categorical

Usage Notes: Sub-questions of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Computed Variables
Medical History: Cancer

Values

0	No
1	Yes

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 How many falls/past 12 months

During the past 12 months, how many times did you fall and land on the floor or ground?

Variable # 78	**Usage Notes:** none	
Sas Name: NUMFALLS		
Sas Label: Times fell down last 12 months	**Categories:** Medical History: Bone/Fractures	
Type: Categorical		

Values

0	None
1	1 time
2	2 times
3	3 or more times

F30 Fainted or blacked out

During the past 12 months, have you fainted, blacked out, passed out, or lost consciousness?

Variable # 79	**Usage Notes:** Not collected on all versions of Form 30.
Sas Name: FAINTED	
Sas Label: Fainted last 12 months	**Categories:** Medical History
	Medical History: Other Disease/Condition
Type: Categorical	

Values

0	No
1	Yes

F30 Broke bone ever

Did a doctor, nurse, or physician assistant ever say you had a broken, fractured, or crushed bone?

Variable # 80	**Usage Notes:** Not collected on all versions of Form 30.
Sas Name: BKBONE	
Sas Label: Broke bone ever	**Categories:** Medical History: Bone/Fractures
Type: Categorical	

Values

0	No
1	Yes

F30 Broke hip

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Hip

Variable # 81	**Usage Notes:** Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sas Name: BKHIP	Not collected on all versions of Form 30.
Sas Label: Broke hip ever	**Categories:** Medical History: Bone/Fractures
Type: Categorical	

Values

0	No
1	Yes

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 Age broke hip

How old were you when you first broke this bone? Hip

Variable #	82	**Usage Notes:**	Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sas Name:	BKHIP55		Sub-question of F30 V3 Q15.1.1 "Broke hip".
Sas Label:	Broke hip first time 55 or older		Not collected on all versions of Form 30.
Type:	Categorical	**Categories:**	Medical History: Bone/Fractures

Values

1	Less than 55
2	55 or older

F30 Broke back or spine

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Spine or back (vertebra)

Variable #	83	**Usage Notes:**	Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sas Name:	BKBACK		Not collected on all versions of Form 30.
Sas Label:	Broke spine ever	**Categories:**	Medical History: Bone/Fractures
Type:	Categorical		

Values

0	No
1	Yes

F30 Age broke back or spine

How old were you when you first broke this bone? Spine or back (vertebra)

Variable #	84	**Usage Notes:**	Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sas Name:	BKBACK55		Sub-question of F30 V3 Q15.1.2 "Broke back or spine".
Sas Label:	Broke spine first time 55 or older		Not collected on all versions of Form 30.
Type:	Categorical	**Categories:**	Medical History: Bone/Fractures

Values

1	Less than 55
2	55 or older

F30 Broke upper arm

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Upper arm (humerus)

Variable #	85	**Usage Notes:**	Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sas Name:	BKUARM		Not collected on all versions of Form 30.
Sas Label:	Broke upper arm ever	**Categories:**	Medical History: Bone/Fractures
Type:	Categorical		

Values

0	No
1	Yes

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007   **Structure:** One row per participant   **Population:** OS participants

F30 Age broke upper arm

How old were you when you first broke this bone? Upper arm (humerus)

Variable # 86

Sas Name: BKUARM55

Sas Label: Broke upper arm first time 55 or older

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.3 "Broke upper arm".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

1	Less than 55
2	55 or older

F30 Broke lower arm or wrist

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Lower arm or wrist

Variable # 87

Sas Name: BKLARM

Sas Label: Broke lower arm ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

0	No
1	Yes

F30 Age broke lower arm or wrist

How old were you when you first broke this bone? Lower arm or wrist

Variable # 88

Sas Name: BKLARM55

Sas Label: Broke lower arm first time 55 or older

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.4 "Broke lower arm or wrist".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

1	Less than 55
2	55 or older

F30 Broke hand

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Hand (not finger)

Variable # 89

Sas Name: BKHAND

Sas Label: Broke hand ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

0	No
1	Yes

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 Age broke hand

How old were you when you first broke this bone? Hand (not finger)

Variable # 90	**Usage Notes:**	Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sas Name: BKHAND55		Sub-question of F30 V3 Q15.1.5 "Broke hand".
Sas Label: Broke hand first time 55 or older		Not collected on all versions of Form 30.
Type: Categorical	**Categories:**	Medical History: Bone/Fractures

Values

1	Less than 55
2	55 or older

F30 Broke lower leg or ankle

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Lower leg or ankle

Variable # 91	**Usage Notes:**	Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sas Name: BKLLEG		Not collected on all versions of Form 30.
Sas Label: Broke lower leg ever		
Type: Categorical	**Categories:**	Medical History: Bone/Fractures

Values

0	No
1	Yes

F30 Age broke lower leg or ankle

How old were you when you first broke this bone? Lower leg or ankle

Variable # 92	**Usage Notes:**	Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sas Name: BKLLEG55		Sub-question of F30 V3 Q15.1.6 "Broke lower leg or ankle".
Sas Label: Broke lower leg first time 55 or older		Not collected on all versions of Form 30.
Type: Categorical	**Categories:**	Medical History: Bone/Fractures

Values

1	Less than 55
2	55 or older

F30 Broke foot

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Foot (not toe)

Variable # 93	**Usage Notes:**	Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sas Name: BKFOOT		Not collected on all versions of Form 30.
Sas Label: Broke foot ever		
Type: Categorical	**Categories:**	Medical History: Bone/Fractures

Values

0	No
1	Yes

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

F30 Age broke foot

How old were you when you first broke this bone? Foot (not toe)

Variable # 94

Sas Name: BKFOOT55

Sas Label: Broke foot first time 55 or older

Type: Categorical

Values

1	Less than 55
2	55 or older

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.7 "Broke foot".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

F30 Broke other bone

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Other (Specify):

Variable # 95

Sas Name: BKOTHB

Sas Label: Broke other bone ever

Type: Categorical

Values

0	No
1	Yes

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

F30 Age broke other bone

How old were you when you first broke this bone? Other (Specify):

Variable # 96

Sas Name: BKOTHB55

Sas Label: Broke other bone first time 55 or older

Type: Categorical

Values

1	Less than 55
2	55 or older

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.8 "Broke other bone" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Hypertension

Computed from Form 30, questions 7, 7.2, and 7.3. Three category variable on history of hypertension including information on current treatment. The three groups are never, currently untreated and currently treated hypertensive.

Variable # 97

Sas Name: HTNTRT

Sas Label: Hypertension

Type: Categorical

Values

0	Never hypertensive
1	Untreated hypertensive
2	Treated hypertensive

Usage Notes: none

Categories: Computed Variables
Medical History: Cardiovascular

WHI Baseline Dataset

Form 30 - Medical History

Data File: f30_os_pub   **File Date:** 08/02/2007 **Structure:** One row per participant   **Population:** OS participants

Hip fracture age 55 or older

Computed from Form 30, questions 15.1 and 15.2. Indicator of whether participant has had a hip fracture at age 55 or older. Set to missing if age at screening is less than 55.

Variable # 98	**Usage Notes:** none
Sas Name: HIP55	
Sas Label: Hip fracture age 55 or older	**Categories:** Computed Variables
Type: Categorical	Medical History: Bone/Fractures

Values

0	No
1	Yes

Fracture at age 55+

Computed from Form 30, questions 15, 15.1 and 15.2. Indicator of whether the participant has ever broken a bone for the first time at age 55 or older.

Variable # 99	**Usage Notes:** none
Sas Name: FRACT55	
Sas Label: Fracture at Age 55+	**Categories:** Computed Variables
Type: Categorical	Medical History: Bone/Fractures

Values

0	No
1	Yes

CABG/PTCA ever

Computed from Form 30, questions 3.1.4 and 3.1.5. Indicator for whether the participant has a history of either CABG or PTCA.

Variable # 100	**Usage Notes:** none
Sas Name: REVASC	
Sas Label: CABG/PTCA Ever	**Categories:** Computed Variables
Type: Categorical	Medical History: Cardiovascular

Values

0	No
1	Yes